

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045761

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 2000

Registrar's No. 399

FILED JAN 2 1963

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kirksville, Missouri

Length of stay in lb

27 days

c. FULL NAME OF (If NOT in hospital, give location)

Laughlin Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Knox

c. CITY

Plevna, Missouri

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

George

Arvall

Dodd

4. DATE OF DEATH

Month

Day

Year

Dec

19

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Sept. 25/82

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months 2 Days 14 Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Shelby Co. Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Marshal Dodd

13b. MOTHER'S MAIDEN NAME

Virginia Stuart

14. NAME OF DECEASED OR WIFE

Lucy Ann Dodd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Claude Dodd. Shelbyville, Missouri

18. CAUSE OF DEATH (Enter only one cause per line f

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

EMANATION AND DEBILITATION

INTERVAL BETWEEN ONSET AND DEATH

8-10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

POST RADIATION NECROSIS OF SALIVARY GLANDS

DUE TO (c)

CARCINOMA LOWER LIP

10/1/25

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

SPONTANEOUS FRACTURE MANDIBLE - CEREBRAL METASTASIS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 2-1962 to Dec 19-1962 and last saw her alive on Dec 19-1962

Death occurred at 8:20 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

KIRKSVILLE, Mo

22c. DATE SIGNED

12-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 21, 1962

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Prairie

23d. LOCATION (City, town, or county)

5 mi. N.W. of Bethel, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

C.W. Musgrove

Bethel, Missouri

25. DATE RECD. BY LOCAL REG.

12-26-62

26. REGISTRAR'S SIGNATURE

Gene W. Rathoff

ЕАКН ДАУАНБИН, УА, Д, О

If this body is not embalmed, fact should be so stated above.